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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>TEVNHC 3.3-074</b>	
Application Number <b>10/594,473</b>		Filed <b>September 27, 2006</b>	
For <b>PROCESS FOR PREPARING A MEDICAMENT</b>			
Art Unit <b>N/A</b>		Examiner <b>Not Yet Assigned</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$ <u>1,640.00</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **12-1095**. I have enclosed a duplicate copy of this sheet.


**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number **33,071**

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

  
 Signature

**Shawn P. Foley**  
 Typed or printed name

**November 13, 2007**  
 Date

**(908) 518-6346**  
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of **1** forms are submitted.

# COPY

PTO/SB/22 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> TEVNH 3.3-074	
Application Number 10/594,473		Filed September 27, 2006	
For <b>PROCESS FOR PREPARING A MEDICAMENT</b>			
Art Unit N/A		Examiner Not Yet Assigned	
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<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095. I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 33,071	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
Signature		November 13, 2007	
Shawn P. Foley		Date	
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		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of 1 forms are submitted.		

Express Mail Label No. EV980041831US Dated: November 13, 2007

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	<u>10/594,473</u>
Filing Date::	<u>09/27/06</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	PROCESS FOR PREPARING A MEDICAMENT
Attorney Docket Number::	TEVNHC 3.3-074
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

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Country of mailing address:: ~~United Kingdom~~  
Postal or Zip Code of mailing address:: ~~NW9 7EF~~

### Correspondence Information

Correspondence Customer Number:: 000530

### Representative Information

Representative Customer Number:: 000530

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/028345	09/01/04
PCT/US2004/028345	An application claiming the benefit under 35 USC 119(e)	60/499,582	09/02/03

### Foreign Priority Information

### Assignee Information

Assignee name:: Norton Healthcare Ltd  
Street of mailing address:: Albert Basin, Royal Docks  
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Country of mailing address:: United Kingdom  
Postal or Zip Code of mailing address:: E16 2QJ

Assignee name:: ~~Norton Healthcare Limited t/a IVAX~~  
~~Pharmaceuticals UK Limited~~  
Street of mailing address:: ~~Albert Basin, Royal Docks~~  
City of mailing address:: ~~London~~  
Country of mailing address:: ~~United Kingdom~~  
Postal or Zip Code of mailing address:: ~~E16 2QJ~~